| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 355041 | A. BUILDING _____ B. WING _____ | 03/11/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LUTHERAN HOME OF THE GOOD SHEPHERD | 1226 1ST AVE N NEW ROCKFORD, ND 58356 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>The standard Medicare/Medicaid recertification survey started on 03/09/20 and concluded 03/11/20. | F 000 | | |
| F 812 SS=D | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of facility policy/procedure, and staff interview, the facility failed to ensure food was served under sanitary conditions, in 1 of 4 kitchens (Angel Road) used to prepare food for residents. Failure to safely handle food has the potential to result in foodborne illness to residents, staff, and visitors.<br><br>Finding include: | F 812 | 1. The staff were educated immediately on glove usage when switching tasks and washing hands between glove changes.<br><br>2.The failure to follow standards for food safety has the potential to harm every resident within the facility when serving and preparing food. | 4/15/20 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/26/2020

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| F 812 | Continued From page 1<br><br>Review of the facility policy titled, "Glove Usage" occurred on 03/11/20. This policy, revised January 2018, stated, ". . . Gloves must be changed when switching between tasks . . . Glove use is not a replacement for hand washing. . . ."<br><br>Review of the policy titled, "When, where and how to wash hands" occurred on 03/11/20. This policy, revised February 2018, stated, ". . . Hands should be washed in the following situations . . . Every time an employee enters the kitchen. . . ."<br><br>Observation in the Angel Road Kitchen showed the following:<br>* 03/09/20 at 11:00 a.m. - A dietary staff member (#1) wore gloves while plating food for meal service, delivered plates, and retrieved items from the fridge and cabinets while wearing the same pair of gloves. The kitchen staff member then handled ready to eat foods for residents while wearing the same gloves.<br>* 03/10/20 at 8:28 a.m., - A dietary staff member (#2) wore gloves while plating food for meal service, delivered plates, and retrieved items from the fridge and cabinets while wearing the same pair of gloves. The kitchen staff member then handled ready to eat foods for residents while wearing the same gloves.<br><br>The dietary staff members (#1 and #2) failed to follow the facility policy and change gloves when switching tasks.<br><br>During an interview on 03/11/20 at 10:06 a.m., a dietary manager (#2) stated she expected staff to wash their hands when entering the kitchen and | F 812 | 3.The staff were educated in a meeting on March 17th on Glove usage, Infection control and Hand washing. Updates to Dietary Infection control policy and Food Preparation and safety Policy will help to educate any future and ongoing staff on food service safety.<br><br>4.The Dietary Manager or Designee will monitor the staff during meal preparation and service, weekly X 4, Monthly X 3, and quarterly X 3, to maintain satisfactory food safety procedures. The observations will be monitoring washing hands, changing gloves and using utensils to serve ready to eat foods. Education will be given immediately if any errors occur during observations. | |

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| F 812 | Continued From page 2<br>change gloves when switching tasks. | F 812 | | |
| F 880 SS=D | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported; | F 880 | | 4/15/20 |

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| F 880 | Continued From page 3<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of the facility's policy, and staff interview, the facility failed to ensure staff followed appropriate infection control practices for 1 of 1 sampled resident (Resident #53) observed during wound care. Failure to | F 880 | 1. Immediate corrective action for resident #53 was to educate the nurse performing the wound care to assure appropriate infection control practices were completed with the next dressing | |

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| F 880 | Continued From page 4<br>follow appropriate infection control practices and hand hygiene/glove use may result in the spread of infection within the facility.<br><br>Findings include:<br><br>Review of the facility policy titled "Hand washing" occurred on 03/11/20. This policy, dated January 2015, stated, " . . . facility personnel must wash their hands for 20 seconds under the following conditions . . . After contact with blood, body fluids . . . or non-intact skin . . ."<br><br>Review of the facility policy titled "Wound Dressing Change" occurred on 03/11/20. This policy, revised August 2008, stated ". . . Remove soiled dressing . . . Discard dressing . . . dispose of gloves . . . Cleanse hands . . . Put on gloves and cleanse wound as necessary, apply and secure dressings . . . Dispose of gloves . . . Cleanse hands . . ."<br><br>Observation of wound assessment on 03/10/20 at 08:51 a.m. showed a nurse (#5) enter Resident #53's room with gloved hands and holding a plastic wound measurement device. The nurse examined, touched, and measured the wound. The nurse (#5) left the resident's room prior to removal of the gloves and performing hand hygiene.<br><br>Observation of a wound dressing change on 03/11/20 at 10:55 a.m. showed a nurse (#5) preparing to perform a dressing change to Resident #53's foot. The nurse (#5) performed hand hygiene, donned gloves, removed the soiled dressing, removed the gloves, donned a new pair of gloves, and applied the sterile | F 880 | change.<br><br>2. All residents who require dressing changes have the potential to be affected by this practice.<br><br>3. The Director of Nursing started observations on dressing changes beginning on March 13, 2020. On March 24, nurses were educated by a Wound Care Consultant from American Medical Technologies. The Wound Care Consultant demonstrated and educated nursing staff according to the Dressing Change Guidelines which focuses on infection control practices with hand hygiene and glove usage to prevent the spread of infection. Return demonstrations were completed at the meeting. The Lutheran Home of the Good Shepherd Wound Dressing Policy was also reviewed on 3/24/2020. Annual wound dressing competencies will be performed.<br><br>4. The Director of Nursing or Designee plans to monitor its performance by completing observations of dressing changes to wounds/skin tears three times a week X 4 weeks, monthly X 3 months, and quarterly X 3 to assure appropriate infection control practices are completed with dressing changes. We will continue to reevaluate for further monitoring and interventions. | |

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| F 880 | Continued From page 5<br>dressing to the wound. The nurse (#5) failed to perform hand hygiene after removing the gloves, which were in contact with the soiled dressing, prior to donning a new pair of gloves to complete wound care and prior to exiting the resident's room.<br><br>During an interview on the afternoon of 03/11/20, an administrative nurse (#4) confirmed staff should have followed the facility's policy when performing wound care/hand hygiene and prior to exiting the resident's room. | F 880 | | |